



ILLINOIS

SUMMARY

- Illinois improved to the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 17th highest rate in the country. Illinois is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 28th highest rate in the country.
- Illinois has seen a decrease in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These counties represent 44.2% of new cases in Illinois.
- Viral transmission is widely distributed in Illinois with the highest incidences continuing to be reported outside of the Chicago CBSA from multiple counties in mid and southern Illinois. Although cases have declined, 55% of all counties in Illinois have moderate or high levels of community transmission (yellow or red zone), with 8% having high levels of community transmission (red zone).
- Illinois State University (McLean County) reports 69 positive tests during the week ending on Sep 13 (1,383 since Aug 17) and 7-day test positivity of 6.6% - both significant declines (although the current period includes Labor Day). McLean County's 7-day incidence declined by approximately two-thirds, although it still exceeded 200 per 100,000 population. University of Illinois at Urbana-Champaign cases are declining during the soft lockdown. Bradley University went to online only for 2 weeks, after reported cases more than doubled and the test positivity rate on campus exceeded 15%.
- During the week of Aug 31 - Sep 6, 9% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Illinois had 98 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 62 to support operations activities from FEMA; 6 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 107 patients with confirmed COVID-19 and 463 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance among critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Illinois's IHE to address these concerns are noted and are commended.
- Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Ensure all universities can fully test, isolate, and conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions, as is being done at some universities in other states and is being studied by a team at Northwestern.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

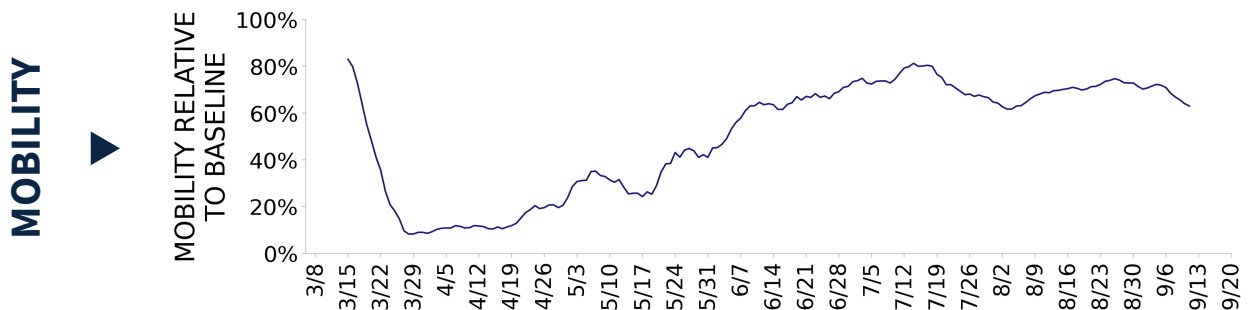




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| | STATE, LAST WEEK | STATE, % CHANGE FROM PREVIOUS WEEK | FEMA/HHS REGION, LAST WEEK | UNITED STATES, LAST WEEK |
|---|-----------------------------|--|----------------------------------|-------------------------------|
| NEW COVID-19 CASES (RATE PER 100,000) | 12,415 (98) | -21.8% | 41,661 (79) | 243,676 (74) |
| VIRAL (RT-PCR) LAB TEST POSITIVITY RATE | 5.0% | -0.1%* | 5.0% | 4.8% |
| TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000) | 293,907** (2,319) | -10.9%** | 979,317** (1,864) | 4,966,365** (1,513) |
| COVID-19 DEATHS (RATE PER 100,000) | 130 (1) | -10.3% | 556 (1) | 5,180 (2) |
| SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE) | 9% (20%) | +0%* (+1%*) | 7% (16%) | 9% (18%) |
| SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH | 2% | -1%* | 3% | 4% |



* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.
Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 9/11/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

METRO
AREA
(CBSA)
LAST WEEK

1

Effingham

24

Chicago-Naperville-Elgin
St. Louis
Bloomington
Peoria
Rockford
Davenport-Moline-Rock Island
Carbondale-Marion
Ottawa
Charleston-Mattoon
Kankakee
Decatur
MacombCOUNTY
LAST WEEK

8

Effingham
Clinton
Crawford
Lawrence
Bond
Jasper
Cass
Washington

48

Cook
DuPage
Will
McLean
Lake
Kane
Madison
St. Clair
Winnebago
Peoria
McHenry
Rock Island

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Bloomington, Peoria, Rockford, Davenport-Moline-Rock Island, Carbondale-Marion, Ottawa, Charleston-Mattoon, Kankakee, Decatur, Macomb, Sterling, Centralia, Jacksonville, Lincoln, Mount Vernon, Taylorville, Rochelle, Dixon, Fort Madison-Keokuk, Burlington, Paducah, Cape Girardeau

All Yellow Counties: Cook, DuPage, Will, McLean, Lake, Kane, Madison, St. Clair, Winnebago, Peoria, McHenry, Rock Island, Kankakee, Williamson, Coles, LaSalle, Macon, Jackson, Kendall, McDonough, Henry, Whiteside, Marion, Monroe, Bureau, Shelby, Logan, Grundy, Jersey, Macoupin, Boone, Fayette, Franklin, Jefferson, Christian, Ogle, Greene, Wayne, Lee, Cumberland, Union, Clay, Hancock, Richland, Wabash, Menard, De Witt, Marshall

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.

Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

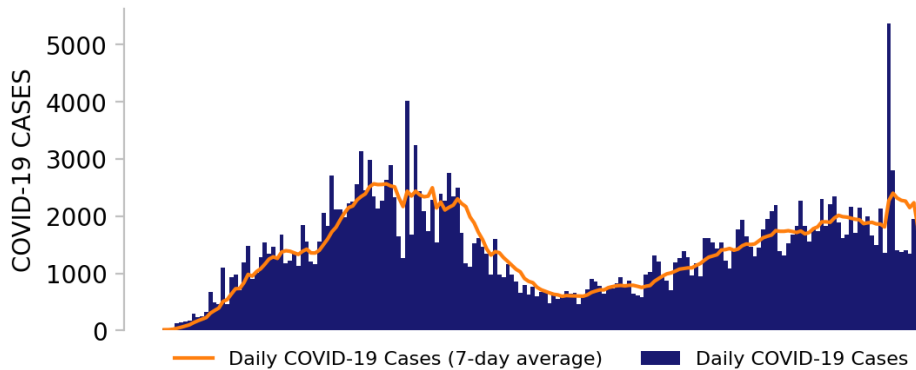
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.



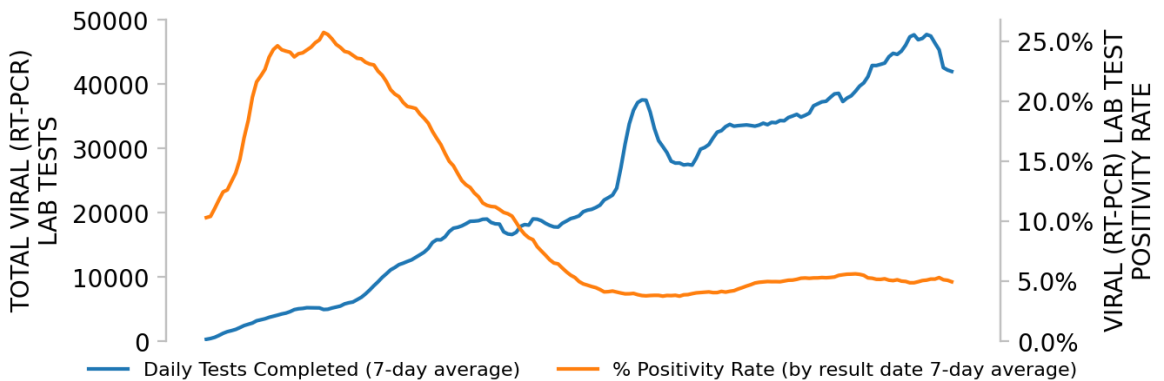
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NEW CASES

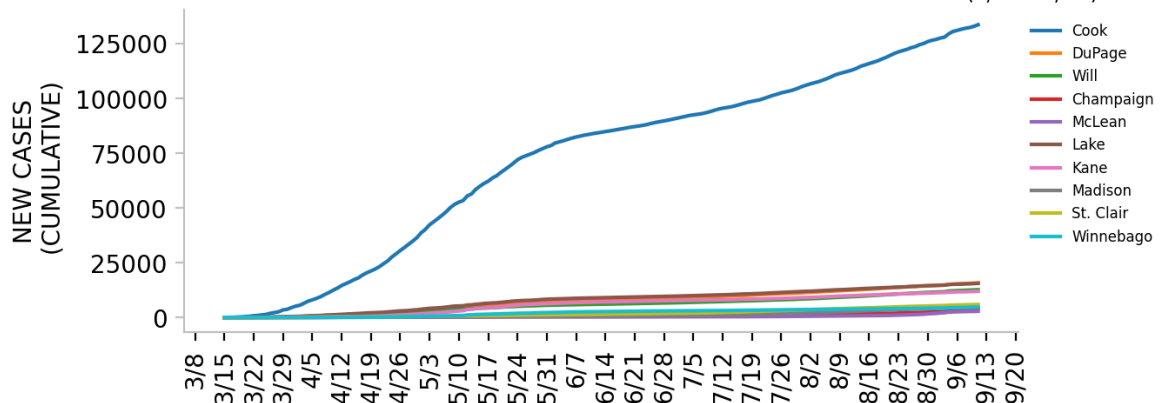


TESTING



Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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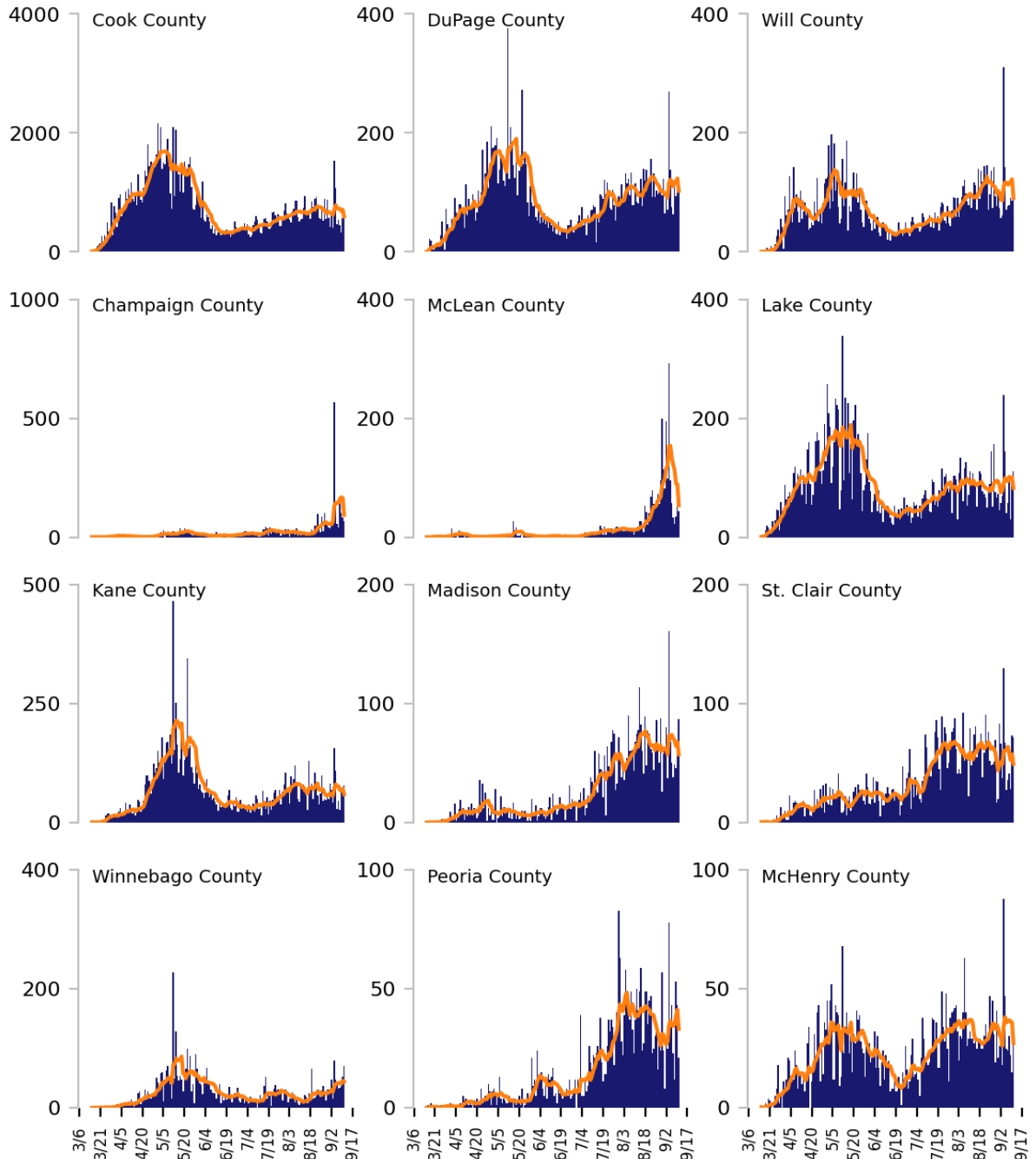
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.



Top 12 counties based on number of new cases in the last 3 weeks

— Daily COVID-19 Cases (7-day average) ■ Daily COVID-19 Cases

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

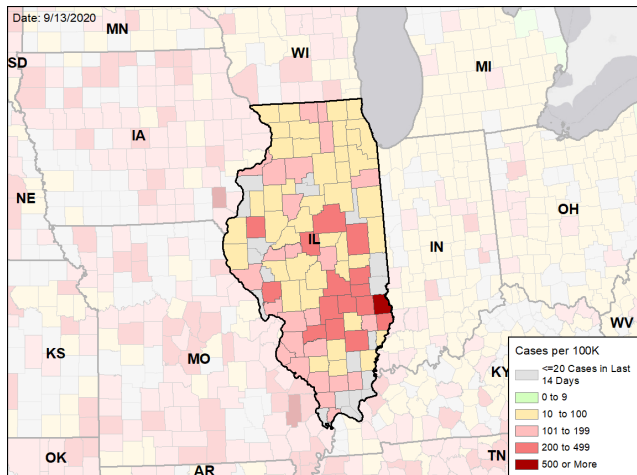


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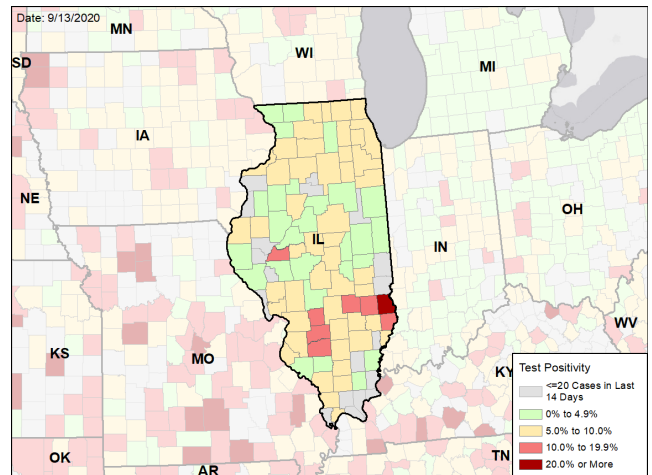
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

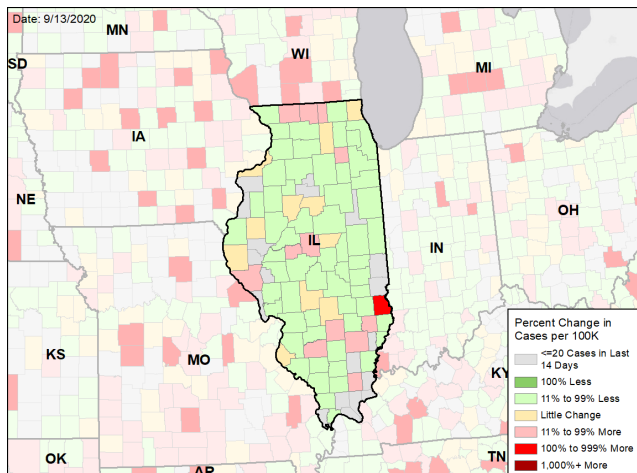
NEW CASES PER 100,000 DURING THE LAST WEEK



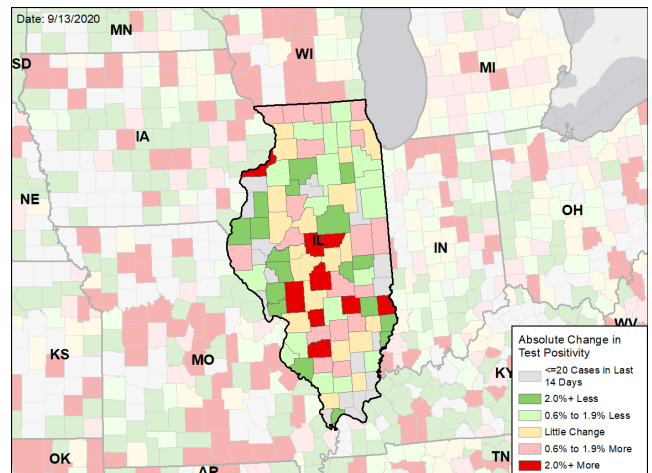
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



DATA SOURCES – Additional data details available under METHODS

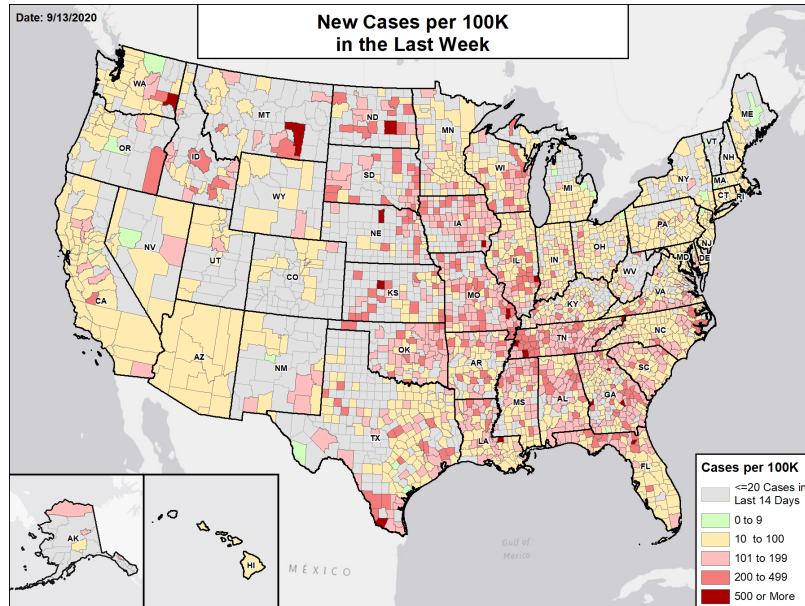
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

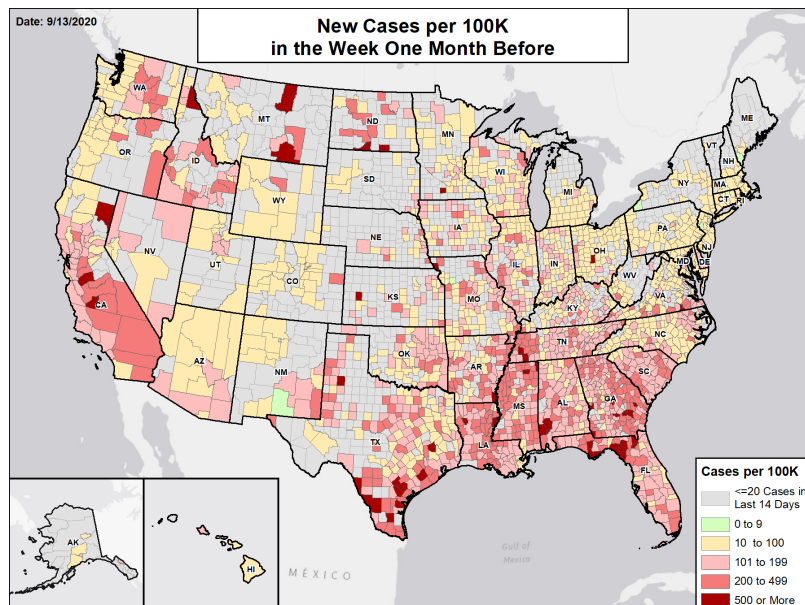


National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

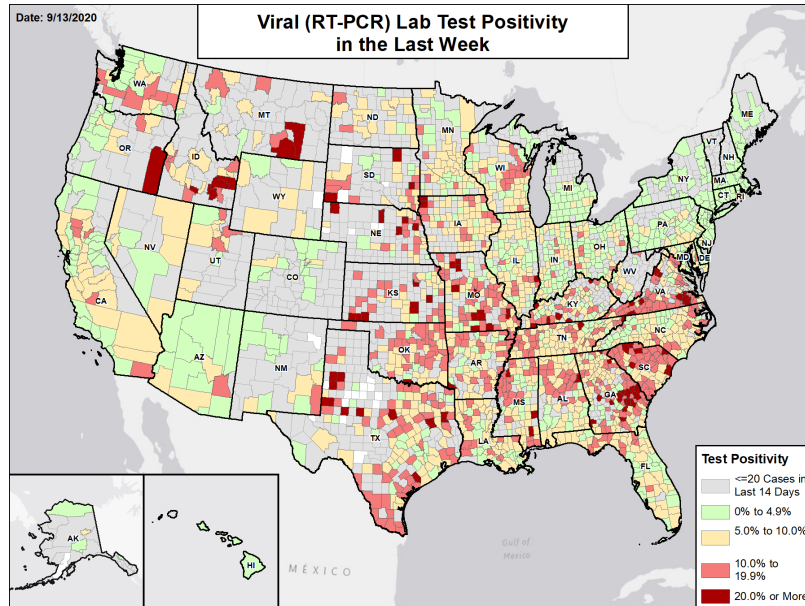
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

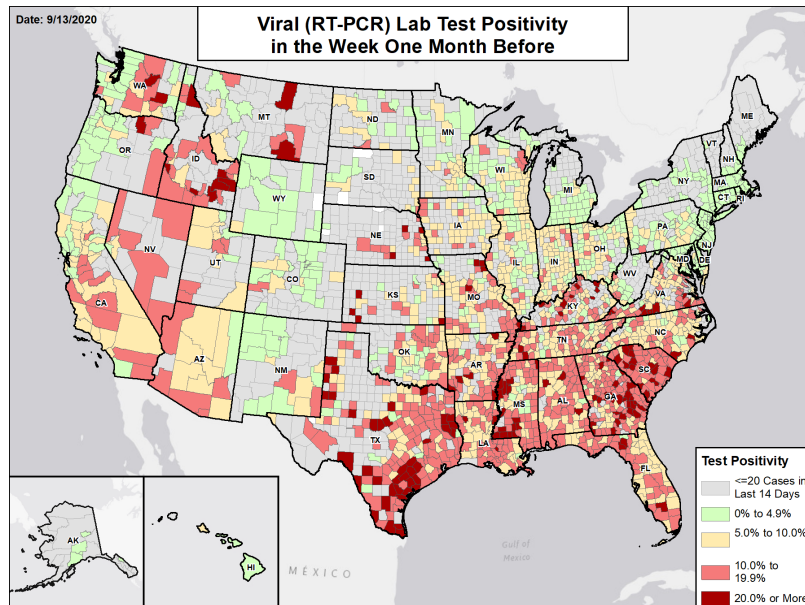


National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.



METHODS

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COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

| Metric | Green | Yellow | Red |
|--|--------|------------|-------|
| New cases per 100,000 population per week | <10 | 10-100 | >100 |
| Percent change in new cases per 100,000 population | <-10% | -10% - 10% | >10% |
| Diagnostic test result positivity rate | <5% | 5%-10% | >10% |
| Change in test positivity | <-0.5% | -0.5%-0.5% | >0.5% |
| Total diagnostic tests resulted per 100,000 population per week | >1000 | 500-1000 | <500 |
| Percent change in tests per 100,000 population | >10% | -10% - 10% | <-10% |
| COVID-19 deaths per 100,000 population per week | <1 | 1-2 | >2 |
| Percent change in deaths per 100,000 population | <-10% | -10% - 10% | >10% |
| Skilled Nursing Facilities with at least one resident COVID-19 case, death | <1% | 1%-5% | >5% |
| Change in SNFs with at least one resident COVID-19 case, death | <-1% | -1%-1% | >1% |

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 21:00 EDT on 09/13/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 20:00 EDT on 09/13/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/31-9/6, previous week is 8/24-8/30.